Summary of Benefits for Connecticut, CHIP

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	1 x 6 months	May have additional services if medically necessary.
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	May have additional services if medically necessary.
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	
Space maintainers	Yes	1 x 6 months	For posterior arch maintenance.

Data as of: 06/09/2016

Summary of Benefits for Connecticut, CHIP

Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
Oral health screening or assessment				
	Yes	1 x 6 months		
Dental examinations				
	Yes	1 x 6 months	May have additional services if medically necessary.	When first tooth erupts (approximately 6 months)
Assessment of risk for tooth decay				
	Yes - only with prior authorization		If medically necessary.	
X-Rays				
Bitewing	Yes	1 x 6 months	May have additional services if medically necessary.	
Full Mouth	Yes	1 x every 3 years	May have additional services if medically necessary.	
Panoramic	Yes	1 x every 3 years	May have additional services if medically necessary.	

Summary of Benefits for Connecticut, CHIP

Treatment Services

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading				
	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization		If treatment is medically necessary.	
Metal (only) crowns	Yes - only with prior authorization		If treatment is medically necessary.	
Metal/porcelain crowns	Yes - only with prior authorization		If treatment is medically necessary.	
Porcelain (only) crowns	Yes - only with prior authorization		If treatment is medically necessary.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		If treatment is medically necessary.	

Summary of Benefits for Connecticut, CHIP

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Root canals on permanent teeth	Yes - only with prior authorization		If treatment is medically necessary.	
Gum (periodontal) therapy				
	Yes - only with prior authorization		If treatment is medically necessary.	
Dentures				
Partial dentures	Yes			
Complete dentures	Yes			
Bridges	Yes			
Orthodontics*				
Retainers (orthodontic)	Yes			
Braces	Yes			Maximum benefit $725.00
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes			

Summary of Benefits for Connecticut, CHIP

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Cancer treatment	Yes			
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)				
	Yes			
Emergency room services provided by a dentist				
	Yes			
Inpatient Hospital Services				
	Yes			
Anesthesia				
General anesthesia	Yes		Office must have appropriate license and certification.	
Intravenous conscious sedation	Yes		appropriate license and certification.	
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes		Up to age 9.	

Data as of: 06/09/2016

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).